

Note: Application must be complete and Application fee must be paid at time of submittal

TOWN OF GARNER

www.GarnerNC.gov

Backyard Hens (Chickens) Permit

A PLOT PLAN SHOWING THE COOP LOCATION MUST BE INCLUDED WITH COMPLETED APPLICATION AND FEE.

OFFICE USE ONLY

Application Number: _____ Date: _____ Receipt: _____
Related Project(s): _____ Expiration Date: _____ (2 years from date of approval)

Property Location (Address): _____

Zoning: _____ Wake County PIN(s): _____

Number of Hens Requested _____ Area of coop and run _____ Height of coop and run _____
(Maximum Number of Hens is 8) (Maximum area is 300 square feet) (Max 7'/Minimum 4' for open)

PLEASE INITIAL THE RECEIPT AND ACKNOWLEDGEMENT OF THE FOLLOWING ITEMS RELATED TO THE KEEPING OF BACKYARD HENS:

- All aspects of the keeping of hens, including keeping chicks, egg, manure, compost and other related attributes and activities must be only personal and non-commercial _____
- A Guide to the Rules and Regulations + Best Practices for Keeping Backyard Hens _____
- I have been provided a copy of Garner Town Code Section 3-6 Backyard Hens and I hereby agree to adhere to all of the rules and regulations contained therein _____
- All areas within the coop and run shall be kept in a neat and sanitary condition, including removal of droppings, uneaten feed, feather and other waste, in order to preclude odors and other nuisance violations _____
- On-premise slaughter shall be prohibited as provided for under Section 3-11 Town Code _____
- A backyard hen permit may be revoked by the Planning Director or designee when an individual fails to maintain the property in accordance with the approved permit and associated requirement or applicable requirements of the Town Code _____
- **I understand that it is my responsibility (not the Town) to inquire, and abide by, all private deed restrictions and covenants. I have confirmed with my Homeowner's Association or other governing association that it is permissible to keep backyard hens _____**

Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Property Owner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

SIGNATURES (REQUIRED)

Applicant – Printed _____

Applicant – Signature _____ Date _____

Property Owner – Printed (if other than applicant) _____

Property Owner – Signature _____ Date _____

OFFICE USE ONLY

APPROVED BY:

Printed _____

Signature _____ Date _____